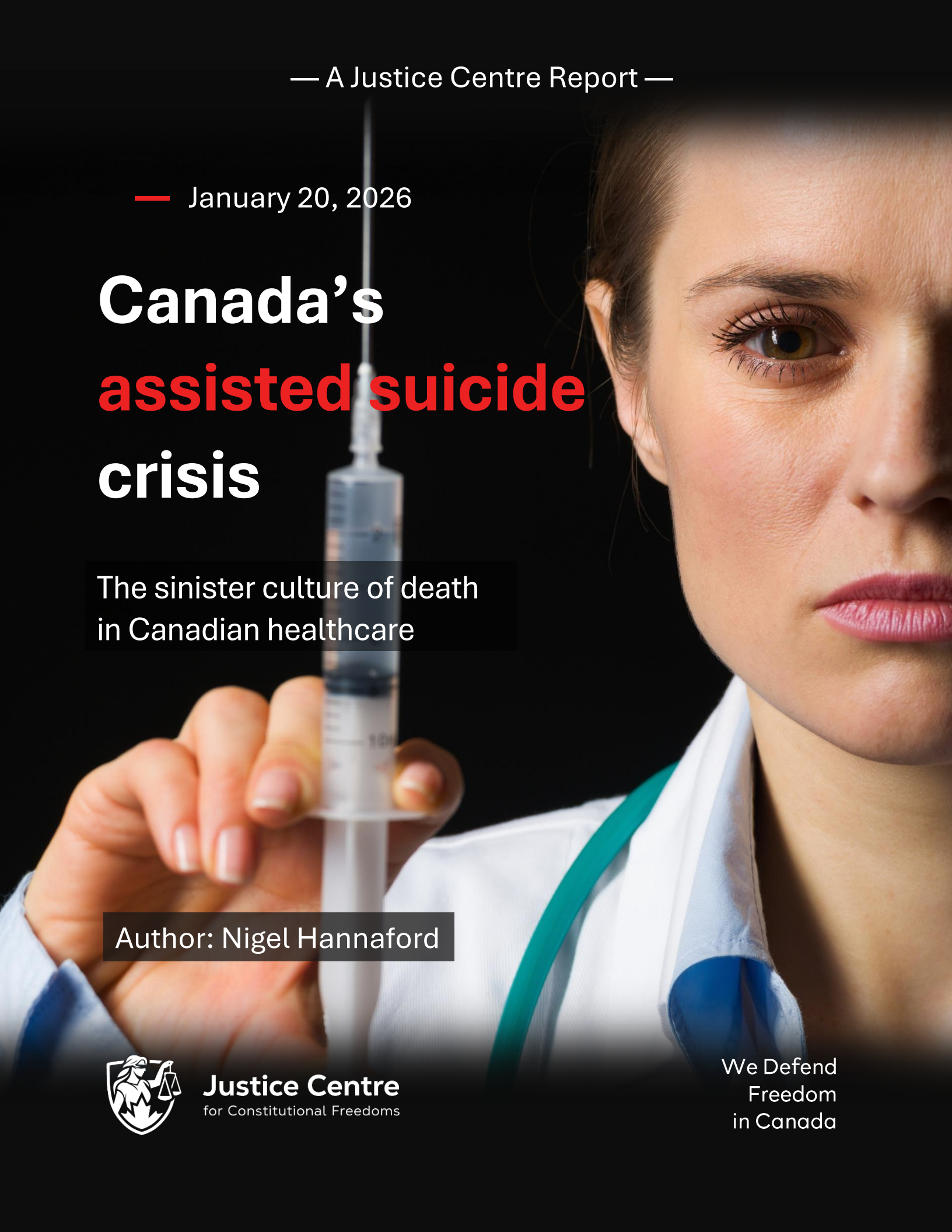
— A Justice Centre Report —

— January 20, 2026

Canada's assisted suicide crisis

The sinister culture of death in Canadian healthcare



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Justice Centre
for Constitutional Freedoms

We Defend
Freedom
in Canada

Abstract

Canada's assisted suicide regime was established by legislation in 2016, following its decriminalization by *Carter v. Canada* in 2015. It was originally justified as a narrow exception grounded in contemporaneous, voluntary, and informed consent. Expansions of eligibility, existing and contemplated, now threaten that foundation. Proposals for "advance requests" and emerging professional discourse around "involuntary (non-consensual) euthanasia," risk shifting end-of-life decision-making from personal autonomy to third-party judgment. As assisted suicide becomes increasingly routine, the erosion of informed consent threatens *Charter* protections and human dignity. True end-of-life freedom requires strict safeguards, rejection of non-consensual death, and vastly improved access to quality palliative care.

Acknowledgements

We thank the thousands of Canadians who continue to support the Justice Centre with their donations. Their generosity empowers the Justice Centre to defend freedom in Canada, and to play a role in shaping public policy that respects *Charter* rights and freedoms.

Updates to this report

This is Version 1.0 of this report, which may be updated periodically.

About the author

This report was written by veteran journalist and public policy analyst Nigel Hannaford.

Contents

Executive summary

With its 2015 *Carter v. Canada* decision, the Supreme Court of Canada opened the door to Canada's assisted suicide regime. It carved a narrow constitutional exemption to the *Criminal Code*'s emphatic and longstanding prohibition on medically assisted suicide. Parliament soon followed this by officially legalizing the practice with Bill C-14 in 2016.

The Court emphasized that exceptions must be "stringently limited" and accompanied by robust safeguards, particularly the requirement of contemporaneous, voluntary, and informed consent by a competent adult *at the time* the procedure is performed.

These principles were the moral foundation upon which the regime rested. A decade later, that moral foundation is in doubt.

Key terms

Euthanasia: where a lethal substance is legally administered by a physician to a patient who has requested to end their life.

Physician-assisted suicide: where a physician provides the patient with the means (e.g., some lethal dose of medication) to end their own life, and the patient self-administers the medication.

Medical Assistance in Dying (MAiD): A euphemism to include both types of assisted suicide. This report does not use the phrase, except where another source is being quoted.

Assisted suicide: The term this report uses to encompass both euthanasia and physician-assisted suicide; it also uses *medically* assisted suicide on occasion.

Assisted suicide in Canada has expanded far beyond its original scope, both in frequency and ambition. In 2024, it became the fourth most common cause of death in Canada, accounting for 5.1 percent of all deaths (7.9 percent in the province of Quebec!), which is second only to the Netherlands at 5.8 percent of all deaths in 2024.

More troubling yet are two conversations potentially altering the nature of consent itself, and redefining end-of-life decision-making.

The first is the growing advocacy for "advance requests" for assisted suicide, where a competent individual would be permitted to *pre-authorize* their future euthanasia, even and especially in cases where they should later lack capacity to understand, confirm, or revoke that decision. Often presented as "prudent planning," advance requests actually sever the link between consent and the act that follows.

The second and even more disturbing development is the emerging professional discourse that contemplates euthanasia *without consent*, or "involuntary euthanasia." Testimony to parliamentary committees has included suggestions that infants with severe disabilities, or elderly individuals perceived as "failing to thrive," might be candidates for euthanasia *despite being incapable of consent*. Such proposals signal a shift from autonomy as the

governing principle of assisted suicide, towards others assessing whose lives are deemed worth continuing.

These two developments represent a profound departure from the intent of the *Carter* decision, Parliament's stated objectives, and from the *Charter's* protection of life, liberty, and security of the person. A system permitting death without contemporaneous, informed consent no longer safeguards freedom; *it manages vulnerability without regard for these safeguards*. The risk is not merely error or abuse, but a normalization of deliberately causing death as a response to dependency, suffering, or social failure.

Canada urgently needs to provide life-affirming responses to end-of-life suffering. Many Canadians nearing death do not want or seek assisted suicide. Rather, they seek relief from pain, loneliness and isolation, and they desire environments affirming the value of their lives until natural death. Yet access to comprehensive high-quality palliative (near-death) care remains inadequate across the country.

Defending end-of-life freedom and dignity in Canada requires legislative and policy changes to establish clear, principled limits. Governments must reaffirm contemporaneous informed consent as the non-negotiable condition of assisted suicide, reject all non-consensual euthanasia, protect suicide-free spaces for those wanting them, and prioritise palliative care as the compassionate response to suffering.

Otherwise, dignity risks being replaced by expedience, and the *Charter* right to life will vanish at the most vulnerable moments of human life.

Introduction

On June 17, 2016, Canada became the fifth country (after Colombia, Belgium, the Netherlands, and Luxembourg)[1, 2] to officially legalise assisted suicide.

Bill C-14[3] followed less than one year after the Supreme Court's unanimous decision in *Carter v. Canada (2015)*, which struck down *Criminal Code* prohibitions on assisted suicide. Reversing its own ruling in *Rodriguez v. British Columbia (Attorney General)* (1993), the Court found the ban overbroad and grossly disproportionate for competent adults enduring intolerable suffering from grievous, irremediable conditions.

However, the court's clear intention was that medically assisted suicide should be rarely utilised and then only at the explicit and comprehensively assessed request of a patient near death and already experiencing extreme suffering.

Particularly, the bedrock principle was informed, contemporaneous[4] consent, or consent provided immediately before the assisted suicide.

Nevertheless, carefully limited as the Court's permission may have seemed, many warned that Canada had set foot upon a "slippery slope."

They were right. The procedure quickly became routine. Thanks to effective lobbying, eligibility was first extended to people whose death was not imminent, with advocates then seeking to include the mentally ill and, thereafter, so-called mature minors. By 2024, assisted suicide was the fourth most common cause of death in Canada. Minors, mature or otherwise, remain ineligible, but in March 2027, legislation that has already passed will extend eligibility to the mentally ill.[5]

Canada's federal and provincial governments have disregarded the Court's intended

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[1] Government of Canada, Department of Justice. "Legislative Background: Medical Assistance in Dying (Bill C-14)." Accessed January 8, 2026. https://www.justice.gc.ca/eng/rp-pr/other-autre/ad-am/p3.html.

[2] It should be noted that in addition to these four countries, it was also legal in Canada's province of Quebec, as well as four American states at this point: Oregon, Washington, Vermont and California.

[3] Parliament of Canada, "C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)." 42nd Parliament, 1st session. Received royal assent on Friday, June 17, 2016. https://www.parl.ca/LegisInfo/en/bill/42-1/C-14

[4] Government of Canada, "*Criminal Code (R.S.C., 1985, c. C-46),*" section 241.2. and section 241.2(3)(h). https://laws-lois.justice.gc.ca/eng/acts/C-46/section-241.2.html. Accessed on January 08, 2026

[5] Government of Canada, Justice Department, News. "The Government of Canada introduces legislation to delay Medical Assistance in Dying expansion by 3 years." February 1, 2024. https://www.canada.ca/en/health-canada/news/2024/02/the-government-of-canada-introduces-legislation-to-delay-medical-assistance-in-dying-expansion-by-3-years.html

limited access to physician-assisted suicide. Since legalising assisted suicide in 2016, more than 74,000 Canadians have received assisted suicide. The number of Canadians dying by way of assisted suicide rose from 4,480 in 2018 (1.6% of deaths in Canada) to 16,499 in 2024 (5.1% of deaths in Canada).

Disturbingly, the recent (January 2026) case of Kiano Vafaeian[7] saw a troubled 26-year-old man – described by his doctor as "young and healthy" – receive assisted suicide simply due to mental illness. This is one of many examples suggesting an urgent need for a review of assisted suicide approval processes.

Kiano Vafaeian and his mom[6]

Until recently, assisted suicide deaths were at least based upon informed consent. But now, even this line-in-the-sand seems muddied, for two reasons.

First, advocacy groups – principally Dying With Dignity Canada[8] – are pressuring governments to approve "advance requests" for assisted suicide.

Second, some doctors now flirt with the idea of involuntary euthanasia. For example, in October 2022, in a chilling testimony to the Special Joint Committee on Medical Assistance in Dying (AMAD),[9] Dr. Louis Roy of the Collège des médecins du Québec suggested that deformed infants up to one year old, living in pain and with no hope of survival, might be euthanized. Then, he recommended that the committee "reflect" on elderly individuals "failing to thrive," whose lives may seem devoid of meaning.[10]

Such discussions are discussions about *non-consensual* assisted suicide – or "involuntary euthanasia" – where third parties decide whose lives no longer warrant continuation. This

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[6] Photo Credit: Leah Mushet, Western Standard; todeathsociety, Instagram

[7] Mushet, Leah. "'Healthy' 26-year-old man killed by MAiD for 'mental illness'," Western Standard, January 09, 2026. https://www.westernstandard.news/news/healthy-26-year-old-man-killed-by-maid-for-mental-illness/70228

[8] Dying With Dignity Canada. "Advance Requests." https://www.dyingwithdignity.ca/advocacy/advance-requests/. Accessed December 31, 2025.

[9] Parliament of Canada, House of Commons. "C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)." 42nd Parliament, 1st session. Received royal assent on Friday, June 17, 2016. https://www.parl.ca/LegisInfo/en/bill/42-1/C-14

[10] Parliament of Canada, House of Commons. "Special Joint Committee on Medical Assistance in Dying," House of Commons, AMAD Committee Meeting. October 07, 2022. https://www.parl.ca/DocumentViewer/en/44-1/AMAD/meeting-19/evidence

signals a disturbing trajectory in which *vulnerability* – not autonomy – drives end-of-life decisions.

This report investigates the dangers of this path, warning that as incremental expansions and proposals erode the bedrock requirement of contemporaneous informed consent in end-of-life decisions, Canadians stand in grave danger of surrendering their most fundamental agency over their own lives and deaths.

The Justice Centre urges governments to reassess this trajectory, prioritize life-affirming measures, and take urgent action to vastly expand access to timely healthcare and quality palliative care.

Assisted suicide - a new "right" in Canada?

In its *Carter* decision, the Supreme Court reversed its 1993 decision in *Rodriguez v. British Columbia,* a case with similar facts.[11] The Court distinguished the *Rodriguez* case from the *Carter* case based on "evolved" *Charter* principles (e.g., by a total ban on physician-assisted suicide to be overbroad) and new evidence that seemed to promise that effective safeguards could mitigate the risks of abuse without a total ban.

The safeguards have not proved effective, however, despite the intentions of the Supreme Court justices when, in their *Carter* judgment, they spoke only of a "stringently limited, carefully monitored system of exceptions."[12]

Politicians of the day also spoke only of limited use in extreme situations. For example, during parliamentary debate, then-Minister of Justice and Attorney General Jody Wilson-Raybould articulated the Liberal government's limited goal: "We do not wish to promote premature death as a solution to all medical suffering."[13]

But, in rejecting the call for a continued outright prohibition, the Minister of Justice naively agreed that anecdotal evidence from Belgium, presented to show how easily assisted suicide could be overused, was just "the product of a very different medical-legal culture," and one that is overly permissive or irresponsible. Canadians, said the *Carter* trial judge, would be much more careful. In the absence of a comparable history in Canada, it would be "problematic to draw inferences about the level of physician compliance with legislated safeguards based on the Belgian evidence. This distinction is relevant both in assessing

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[11] Supreme Court of Canada, "Rodriguez v. British Columbia (Attorney General), 1993 CanLII 75 (SCC), [1993] 3 SCR 519." September 30, 1993. https://www.canlii.org/en/ca/scc/doc/1993/1993canlii75/1993canlii75.html

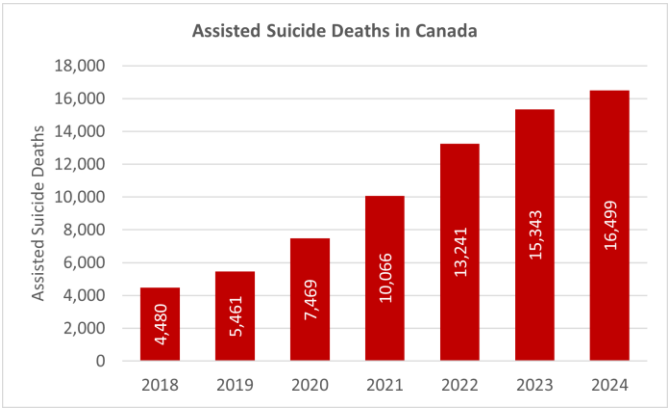
[12] Supreme Court of Canada, "Carter v. Canada (Attorney General), 2015 SCC 5 (CanLII), [2015] 1 SCR 331." February 06, 2025. https://www.canlii.org/en/ca/scc/doc/2015/2015csc5/2015csc5.html

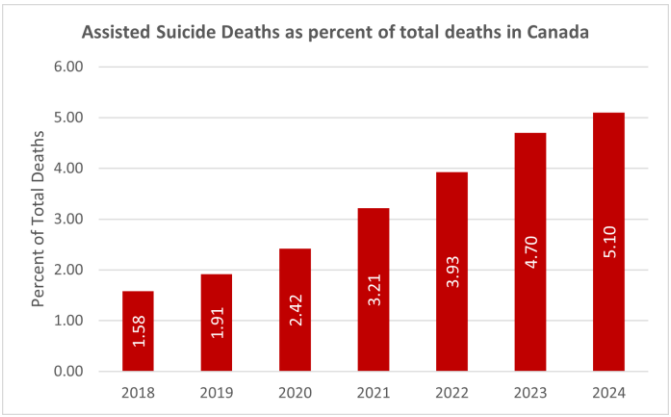
[13] Parliament of Canada, House of Commons. "*Edited Hansard – Number 045*," House Publications. April 22, 2016. https://www.ourcommons.ca/DocumentViewer/en/42-1/house/sitting-45/hansard

the degree of physician compliance and in considering evidence with regards to the potential for a slippery slope."

The Supreme Court also had great faith in the prudence of Canadian physicians: "We should not lightly assume that the regulatory regime will function defectively, nor should we assume that other criminal sanctions against the taking of lives will prove impotent against abuse."[15]

Assuming the worst about Canada's regulatory regime would have served them better.[16] Manifestly, the evidence before them had little predictive value: Now with the fastest growing assisted suicide rate globally,[17] in "careful" Canada in 2024, 5.1 percent of all Canadian deaths occurred with assisted suicide,[18] second only to the Netherlands at 5.8 percent.[19] (In





Statistics Canada, Sixth Annual Report on Medical Assistance in Dying in Canada[14]

[14] Health Canada. "Annual Report on Medical Assistance in Dying in Canada." 2024. Ottawa: Health Canada, 2025. https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2024.html.

[15] Supreme Court of Canada, "Carter v. Canada (Attorney General), 2015 SCC 5 (CanLII), [2015] 1 SCR 331." February 06, 2025. https://www.canlii.org/en/ca/scc/doc/2015/2015csc5/2015csc5.html

[16] The *Canadian Journal of Bioethics*. "What Ontario MAID Death Review Committee Reports Tell Us About Canada's MAID Policy and Practice — And About the Overhaul It Needs." Vol. 8 No. 4 (2025): MAiD in Canada: A Sober Second Look. DOI: https://doi.org/10.7202/1121339ar

[17] Green, Kiernan. "Canada's MAID program is the fastest growing in the world, now representing over 4 percent of all deaths." The Hub. September 13, 2024. https://thehub.ca/2024/09/13/canadas-maid-program-is-the-fastest-growing-in-the-world-today-making-over-4-of-all-deaths/.

[18] Government of Canad. Health Canada. "Annual Report on Medical Assistance in Dying in Canada." 2024. Ottawa: Health Canada, 2025. https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2024.html.

[19] The World Federation of Right to Die Societies. "Regional Euthanasia Review Committee (RTE) The Netherlands, publish their annual report." Accessed on January 18, 2026. https://wfrtds.org/regional-euthanasia-review-committee-rte-the-netherlands-publish-their-annual-report/

Quebec, a staggering 7.9 percent).[20] And in Belgium, still just 3.6 percent in 2024 .[21]

The judges believed they were making a narrow escape route for suffering people, close to death. But in less than ten years, Canada has become a world leader in promoting and providing assisted suicide.

The challenge of consent – and its two emerging threats

Nevertheless, there is this to be said for Canada's approach thus far; until now, one may be confident that a Canadian accepting assisted suicide *made their own decision*.

It may not have been made under the best of circumstances; people who are depressed, in pain, or simply too poor to support themselves, may well have reduced decision-making capacity. As an example, one man with a history of suicidal ideation and untreated addictions, was asked by his psychiatrist during a session whether he was aware of "MAiD." After being approved, he was "personally transported (by the MAiD provider) in their vehicle to an external location for the provision of MAiD."[22]

Further, in many cases, patients are repeatedly offered assisted suicide as a "treatment" option, despite patients not wanting it. This includes Canadians veterans.[23]

However, the law requires a medical consultation to precede any decision to accept a physician's participation in ending one's life. Again, reports suggest some consultations do not meet the high expectations of Canada's jurists.[24] But they do happen. Thus, when the person wanting to die gives their "consent," they have been considered "informed."

Sadly, in any discussion of expanding eligibility for assisted suicide – as advocates now seek – "informed consent" has become the doubtful issue.

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[20] Sielicki, Bridget. "Quebec leads the world in assisted deaths, and leaders want more," LiveAction News November 08, 2025. https://www.liveaction.org/news/quebec-leads-world-assisted-deaths-leaders-more

[21] Health Belgium. "EUTHANASIA – Publication of the 2024 figures for euthanasia in Belgium," Federal Public Service, Health, Food Chain Safety and Environment. https://consultativebodies.health.belgium.be/en/documents/euthanasia-publication-2024-figures-euthanasia-belgium

[22] Source: Gaind, Karandeep Sonu. "MAiD and marginalized people: Coroner's reports shed light on assisted death in Ontario." The Conversation, October 24, 2024. https://theconversation.com/maid-and-marginalized-people-coroners-reports-shed-light-on-assisted-death-in-ontario-241661

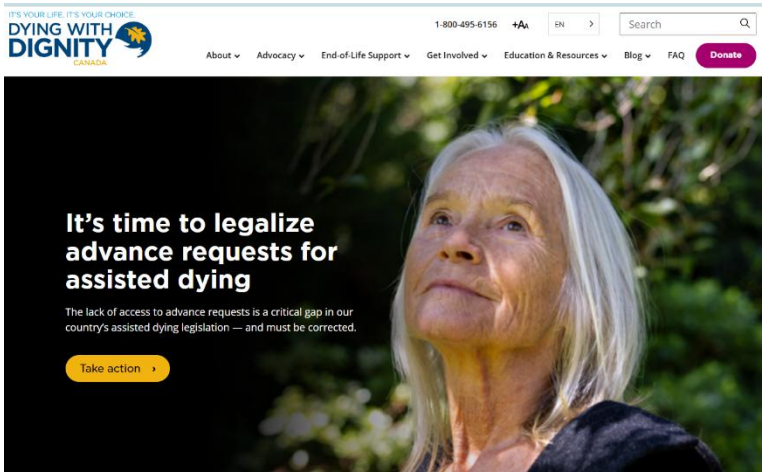
[23] Brewster, Murray. "RCMP called to investigate multiple cases of veterans being offered medically assisted death." CBC News, Novomber 24, 2022. https://www.cbc.ca/news/politics/veterans-maid-rcmp-investigation-1.6663885

[24] Office of the Chief Coroner for Ontario. "MAiD Death Review Committee (MDRC) Report 2024 – 2." Ontario, Ministry of the Solicitor General. https://cdn.theconversation.com/static_files/files/3515/2024.2__NRFND_Complex_Conditions_Final_Report_%281%29.pdf?1729708433

If a person of sound mind resolves to have a physician inject a lethal substance into their bloodstream, it is a choice they are legally and morally entitled to make. But absent either sufficient information or explicit consent, the procedure becomes morally insupportable. And that's precisely where we land in 2026.

First: Advance requests – do they constitute informed consent?

Canada's premier advocate for assisted suicide, Dying with Dignity Canada (DWDC),[26],[27] is presently campaigning for (among other things) what it calls "advance requests for assisted dying."[28] These "advance requests" – comparable to a power-of-attorney bestowed upon a third party – come into effect should the person-in-question become incapacitated.



Homepage of Dying with Dignity Canada[25]

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[25] Dying With Dignity Canada. "Homepage." Accessed January 8, 2026.https://www.dyingwithdignity.ca/

[26] Dying With Dignity Canada. "Advocacy." Accessed January 8, 2026.https://www.dyingwithdignity.ca/advocacy/

[27] Initially, the DWDC advocated for limited access to assisted suicide for extreme cases, but once that was legalised in 2016, the DWDC expanded its objectives by now advocating for access for less extreme cases.

Once extended in 2021 under Bill C-7, to people whose death was not "imminent" – so-called Track 2 cases – the campaign now advocated for allowing the mentally ill to apply. Under Bill C-7, eligibility for the mentally ill was deferred to March 2027. Since then, Dying with Dignity has switched focus to children – "mature minors" – "Advance Requests" and to the removal of "Institutional Religious Obstructions." And so on. The question is, where does this lead?

Sources: Parliament of Canada. Bill C-7. 2021. https://www.parl.ca/legisinfo/en/bill/43-2/c-7
Government of Canada. Department of Justice. "Canada's medical assistance in dying (MAID) law." https://www.justice.gc.ca/eng/cj-jp/ad-am/bk-di.html.
Dying With Dignity Canada. "Mature Minors." Accessed January 08, 2026. https://www.dyingwithdignity.ca/advocacy/mature-minors/
Dying With Dignity Canada. "Advance Request." Accessed January 08, 2026. https://www.dyingwithdignity.ca/advocacy/advance-requests/

[28] Dying With Dignity Canada. "Advance Request." Accessed January 8, 2026. https://www.dyingwithdignity.ca/advocacy/advance-requests/

As DWDC describes it,

> *"An advance request involves a competent person making a written request for medical assistance in dying (MAID) that could be honoured later, after they lose the capacity to make medical decisions for themselves."*[29]

While this may, on the surface, appear prudent, it is fraught with moral hazard. As proposed by DWDC, much time could elapse between (a) a troubled person signing an "advance request" and (b) the time at which that person confronts the situation that caused them to do so. After all, people change their minds. How informed can an advance request be?

> "ADVANCE CONSENT CAN NEVER BE FULLY INFORMED."
>
> – DR. CATHERINE FERRIER

As *Policy Options* magazine presciently phrases it, to sign that paper "imposes a past self's instructions on a future self who can no longer give or withhold consent, and whose best interests may not always align with past wishes."[30] Significantly, there is also a risk of endorsing assumptions about which lives are worth living[31] – all under the guise of respecting the right to choose.[32]

That is, a vigorous, healthy individual may well shudder when confronted with somebody else's incapacity. But certain though a person may be one day of a future he wants to avoid, upon another day, the experience of suffering may change his mind. The possibility that years after signing an advance request a person might yet find satisfaction in life cannot be ignored. Not everybody locked within the fogged serenity of dementia is unhappy. Are they then to remain alive only at the pleasure of a person to whom they once handed their death warrant, and whose own circumstances over time may have so changed, that this responsibility has now become a moral millstone around their neck – a psychological burden they cannot escape?

Here and there, this point is well understood. In May 2022, expert witness Dr. Catherine Ferrier advised the Special Joint Committee on Medical Assistance in Dying:

> *"I have noticed in this debate the assumption that written advance directives are a proven tool that enables autonomy and provides adequate free and informed*

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[29] Ibid.

[30] Beaudry, Jonas-Sébastien. "The mirage of 'death as a benefit,'" Policy Options, February 04, 2025. https://policyoptions.irpp.org/2025/02/maid-advance-directives-rethink/

[31] Beaudry, Jonas-Sébastien. "Bill C-7, assisted dying and "lives not worth living." Policy Options, December 14, 2020. https://policyoptions.irpp.org/2020/12/bill-c-7-assisted-dying-and-lives-not-worth-living/

[32] Beaudry, Jonas-Sébastien. "The mirage of 'death as a benefit,'" Policy Options, February 04, 2025. https://policyoptions.irpp.org/2025/02/maid-advance-directives-rethink/

consent to medical interventions. This is false…Advance consent can never be fully informed."[33]

Second: Involuntary euthanasia – the latest solution?

Even more disturbing than "advance requests," doctors now flirt with the idea of involuntary euthanasia.

In October 2022, in a chilling testimony to the same parliamentary committee,[34] Dr. Louis Roy of the Collège des médecins du Québec suggested that deformed infants up to one year old, living in pain and with no hope of survival, might be euthanized. Surprisingly, the committee received it without comment.

But Roy's suggestion did not lack precedent. In 2005, Netherland introduced the so-called Groningen Protocol,[35] thereby becoming the first country since Nazi Germany to decriminalise euthanasia for infants with a hopeless prognosis and intractable pain. Going beyond Dr. Ferrier's position that advance consent cannot be fully informed, are we to entertain the idea that society might one day kill people who can neither be informed nor consent?

At that same appearance, Dr. Roy also encouraged "reflection" on elderly individuals "failing to thrive," whose lives "may seem devoid of meaning."[36] Such speculations evoke involuntary (non-consensual) euthanasia. But what magnificent hubris it must take to consider another person's life and declare it to be not worth living.

Though not (yet) law, these policy flirtations signal a disturbing trajectory within the Canadian medical community in which vulnerability – not autonomy – drives end-of-life decisions.

With Canada now having become a world leader in assisted suicide, we have come too far in 10 years to ever assert that anything a person can imagine, could never happen here.

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[33] Dr. Catherine Ferrier. "MAID by Advance Directive." May 06, 2022. House Committee. https://www.ourcommons.ca/Content/Committee/441/AMAD/Brief/BR11782756/br-external/FerrierCatherine-e.pdf

[34] Parliament of Canada, House of Commons. "Maid And Mental Disorders: The Road Ahead Report of the Special Joint Committee on Medical Assistance in Dying," January 2024, 44th Parliament, 1st Session. https://publications.gc.ca/collections/collection_2024/sen/yc3/YC3-441-0-2-3-eng.pdf

[35] Wikipedia. "Groningen Protocol," https://en.wikipedia.org/wiki/Groningen_Protocol. Accessed December 31, 2025.

[36] Parliament of Canada. House of Commons. Special Joint Committee on Medical Assistance in Dying. Evidence, Meeting No. 19. 44th Parl., 1st sess., October 7, 2022. https://www.parl.ca/DocumentViewer/en/44-1/AMAD/meeting-19/evidence.

Palliative care – a better way

As incremental expansions, proposals and "policy flirtations" erode the bedrock assumption of contemporaneous informed consent in end-of-life decisions, Canadians are in grave danger of surrendering their most fundamental agency - that over their own lives and deaths.

Does the *Charter* section 7 right to "life, liberty and security of the person" apply only to those with the capacity to offer informed consent? To even ask the question is to propose the obvious answer.

Yet for a society that strives to be compassionate, the problem does remain. What do you do with an entirely dependent cadre of people near death who cannot care for themselves? What should become of healthcare system clients who cannot offer informed consent, and in which some professionals talk about death as an option in pain management?

If it were easy, it would already be done. But we start with the example of how we deal with infants and others who cannot describe their condition. We do our best to manage their pain. We try to make them comfortable.

And we don't assume that we have the right to take their lives. We don't assume that no matter how unattractive it appears, a life that means nothing to us doesn't mean something to the person whose life it is.

As Jonas-Sébastien Beaudry, law professor at the University of McGill,[37] says,

> *"Once we accept that a past directive can permit ending the life of a cognitively impaired person, we begin to rely on our own interpretation of what counts as intolerable suffering and a life not worth continuing. This opens the door to further expansion. If we can do it for dementia patients who have left instructions, why not do it for others who have never given instructions but would "surely" be better off not living in their current condition?"*[38]

Canada's failing healthcare system – death as the new "solution"

That takes us farther down the "slippery slope" than a humane people should ever contemplate, incented perhaps by Canada's failing healthcare system. A recent study

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[37] Beaudry. Jonas-Sébastien. "Biography." McGill University. https://www.mcgill.ca/gradsupervision/jonas-sebastien-beaudry.

[38] Beaudry. Jonas-Sébastien, and Cloutier, Anne-Isabelle. "The Ethics of Legalizing Non-Voluntary Euthanasia." Yale Journal Of Health Policy, Law, And Ethics. February 02, 2024. https://yaleconnect.yale.edu/get_file?pid=2cc76b85b5b64ad0b674312f4458a60db729c8c662bff3a1bc25a91c4a6a

concluded that if assisted suicide were expanded to include the "mentally ill, homeless, and retired elderly…" the health system would save C$1.273 trillion by 2047."[39]

The amount may be notional, and no elected official would promote assisted suicide to cut costs. However, most healthcare money spent on anybody is spent in the last years of their lives.[40] Self-evidently, increased use of assisted suicide would save governments money. For healthcare officials, it generates a perverse incentive.

A tale of two cities

While Canada's public healthcare is failing Canadians, private healthcare remains largely illegal, especially for the most necessary medical treatments and services. Yet in the upside-down world of Canadian healthcare, people who wish to rid themselves of pain, can now access assisted suicide in private facilities!

Victoria: private, expanded access to assisted suicide

At an undisclosed location in Victoria, B.C., is the so-called MAiDHouse. Just in case suffering Canadians cannot access death quickly or peacefully enough at a public hospital, this private, assisted suicide house expands access to Canadians wanting to "die with dignity." MAiDHouse opened its Victoria facility in 2025,[41] but has operated a similar facility in Toronto since 2021.


CATHOLIC VANCOUVER OCTOBER 23, 2025

Secret euthanasia house raises alarm in Victoria

BY TERRY O'NEILL

SHARE TWEET

The B.C. Catholic; Adobe image

Notwithstanding its grim purpose, MAiDHouse is registered with the Canada Revenue Agency as a charity.[42] It says of itself, "Despite MAID being a legal option since 2016, equitable access to MAID, including the location of one's MAID death, remains a challenge." It then promises a comfortable place to die and "a safe space for clinicians,

[39] Jamil, Uzair, and Joshua M. Pearce. "Government Economics of Expanding Canada's Medical Assistance in Dying to Vulnerable Populations and the Ethical Implications of Allowing the State to Control Death." Sage Journals. February 08, 2025. https://journals.sagepub.com/doi/10.1177/00302228251323299

[40] Manitoba Health. "Patterns of Health Care Use and Cost at the End of Life." Manitoba Centre for Health Policy. February 2024. http://mchp-appserv.cpe.umanitoba.ca/reference/end_of_life.pdf

[41] O'Neil, Terry. "Secret euthanasia houses raise alarm." The Catholic Register. October 30, 2025. https://www.catholicregister.org/item/2991-secret-euthanasia-houses-raise-alarm

[42] Dying With Dignity Canada. "MAiDHouse." May 22, 2024. https://www.dyingwithdignity.ca/education-resources/maidhouse/

requestors and their loved ones."[43]

Vancouver: faith-based hospitals sued for not offering assisted suicide

Yet, as if expanding access to assisted suicide in private institutions is not enough, faith-based acute care hospitals are now being sued for not offering assisted suicide.

Image from ratemeds.com[44]

Across the Strait of Georgia, St. Paul's Hospital[45] has been a familiar sight for more than a hundred years on Vancouver's Burrard Street. Owned and operated by Providence Health Care, it too is a recognized charity operating a hospice.[46] But as a medical mission of the Roman Catholic Church, it does not offer assisted suicide.

This, according to Dying with Dignity Canada, is an egregious "Institutional Religious Obstruction."[47]

And for its trustees, that has become a problem. Under a provincial directive[48] developed after assisted suicide was legalised in 2016, medical facilities – even hospices – must offer assisted suicide on-site.[49]

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[43] *Ibid*.

[44] RateMDs. "St. Paul's Hospital," https://www.ratemds.com/hospital/ca-bc-vancouver-st-pauls-hospital-192/#

[45] Wikipedia. "St. Paul's Hospital (Vancouver)." https://en.wikipedia.org/wiki/St._Paul%27s_Hospital_(Vancouver). Accessed December 31, 2025.

[46] Providence Health Care. "Homepage." https://www.providencehealthcare.org/en

[47] Dying With Dignity Canada. "Institutional Religious Obstructions." Accessed December 31, 2025. https://www.dyingwithdignity.ca/advocacy/institutional-religious-obstructions/

[48] Provincial policy requires hospices receiving more than 50 percent of their funding from public sources (for operational beds) to allow eligible patients to access and receive assisted suicide on site within the facility. This policy is not codified in a specific named statute or regulation but is a provincial directive implemented through health authority contracts and funding agreements. It applies to non-faith-based hospices, while faith-based facilities are generally exempt (requiring transfers instead). This was explicitly cited in the 2020-2021 termination of funding and operations for the Delta Hospice Society's Irene Thomas Hospice by Fraser Health, due to non-compliance.

[49] Justice Centre for Constitutional Freedoms. "Delta Hospice Society asks BC Supreme Court for MAID-free palliative care spaces." April 04, 2025. https://www.jccf.ca/delta-hospice-society-asks-bc-supreme-court-for-maid-free-palliative-care-spaces/

St. Paul's fell afoul of this regulation when, in 2022, a young woman died while preparing for transfer to another facility to receive assisted suicide. The grieving mother sued, claiming her daughter suffered needless pain and that her *Charter* rights to freedom of conscience and religion and to life, liberty, and security of the person had been violated.[50]

The case remains ongoing in January 2026. It is for the BC Supreme Court to decide whether faith-based organizations must provide assisted suicide, despite their religious objection to doing so.

Lawyers funded by the Justice Centre will represent the Delta Hospice Society,[51] an intervenor in the case.[52] The Society will argue that many terminally ill patients do not want to be offered assisted suicide, and desire an environment where this option is not present. They will further argue that the *Charter* section 7 right to life, liberty, and security of the person demands that patients have access to genuine palliative care spaces, affirming the *Charter* values of dignity, liberty and bodily autonomy.

Constitutional lawyer Allison Pejovic says, "There are many terminally ill palliative care patients in British Columbia who desire to spend their final days without being asked if they want their life ended by their healthcare provider. It is important that these patients are able to access a MAID free space which upholds their human dignity, liberty, and bodily autonomy."[53]

Conclusion

Preserving freedom of choice

Ultimately, the defence of end-of-life freedom does not lie in multiplying pathways to death, but in preserving conditions that make any choice truly free. A regime that relaxes the requirement for contemporaneous informed consent, entertains advance authorizations for death, or tolerates speculation about whose lives are worth living, ceases to protect autonomy and has started managing vulnerability.

That is not compassion; it is abdication.

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[50] *Ibid*.

[51] Delta Hospice Society. "Homepage." https://deltahospicesociety.org/

[52] Justice Centre for Constitutional Freedoms. "Delta Hospice Society asks BC Supreme Court for MAID-free palliative care spaces." April 04, 2025. https://www.jccf.ca/court_cases/delta-hospice-society-asks-bc-supreme-court-for-maid-free-palliative-care-spaces-2/

[53] Justice Centre for Constitutional Freedoms. "Delta Hospice Society asks BC Supreme Court for MAID-free palliative care spaces." April 04, 2025. https://www.jccf.ca/delta-hospice-society-asks-bc-supreme-court-for-maid-free-palliative-care-spaces/

A humane society does not respond to suffering by narrowing the meaning of consent or by substituting clinical judgment for personal agency. It responds by standing with the suffering person – relieving pain, offering presence, and affirming that their life retains dignity until its natural end.

The Justice Centre, therefore, urges governments to reassess where their approach to assisted suicide is taking Canadians.

In particular, the recent death of Kiano Vafaeian signals the need for a sampled review of assisted suicide approvals. His case will be recorded as "medically assisted dying," but Vafaeian was not dying. Indeed, his doctor described him as a "healthy young man." He was, in fact, mentally ill, and wanted to die. But inasmuch as the mentally ill are presently ineligible for assisted suicide, questions remain as to how he was approved.

Canadians were promised that assisted suicide would be administered with extreme restraint. Vafaeian's death, and the fact that assisted suicide has become the fourth most common cause of death in Canada in 2024, suggests otherwise.

Therefore,

1) An independent third-party reviewer (preferably an expert in medical oversight and regulatory compliance) should be appointed by government health departments to conduct a structured audit of assisted suicide approvals, assessing their compliance with regulations. The review should examine all approvals in 2024 (or a representative sample thereof), assessing whether approval decisions were made by authorized clinicians and whether those decisions complied fully with existing federal and provincial eligibility criteria, safeguard requirements, and government policy directives in force at the time.
2) Governments must prioritize life-affirming measures, robust safeguards, and take urgent action to vastly expand access to quality palliative care.
3) In particular, the right of individuals and organizations having a religious or conscientious objection to assisted suicide should be shielded from the obligation of providing it, or participating in it.

Canadians must protect their freedoms by becoming informed, aware and awake citizens who participate actively in the democratic process. If Canadians wish to remain a free people, governed by law rather than expedience, they must insist on robust safeguards, end-of-life spaces free of assisted suicide, and universal access to high-quality palliative care.

The choice before us is stark: defend informed consent as the non-negotiable foundation of end-of-life decision-making, or allow freedom itself to erode quietly at the bedside.

Appendix A: Canada's laws on assisted suicide

Bill C-14 (2016): Permitted limited access to assisted suicide for the first time in Canada.[54, 55]

Bill C-7 (2021): Established "Track 2" deaths - assisted suicide for individuals whose death is not imminent.[56, 57]

Bill C-314 (2023): Intended to stop the expansion of euthanasia access to those suffering from mental illness but was defeated in the House of Commons in October 2023.[58]

Minister of Health Mark Holland stated during debate that "there is not one among us in this House who does not have people they love who are deeply vulnerable and have been in a state of mental health crisis. Every single person in this House wants to make sure those people get the support and strength they need."

Bill C-39 (2023): Delayed eligibility for assisted suicide for persons suffering solely from mental illness to March 17, 2024, at which point they would be eligible.[59]

Bill C-62 (2024): Further delayed eligibility on the basis of mental illness alone, to March 17, 2027.[60] Barring further delays, Canadians suffering solely from mental illnesses will become eligible for assisted suicide at this point.

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[54] Parliament of Canada, "C-14, An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)." 42nd Parliament, 1st session. Received royal assent on Friday, June 17, 2016. https://www.parl.ca/LegisInfo/en/bill/42-1/C-14

[55] Government of Canada, Justice Department. "Canada's medical assistance in dying (MAID) law." https://www.justice.gc.ca/eng/cj-jp/ad-am/bk-di.html

[56] Parliament of Canada. Bill C-7. 43rd Parl., 2nd sess., 2021. https://www.parl.ca/legisinfo/en/bill/43-2/c-7.

[57] Government of Canada, Justice Department. Charter Statements. "Bill C-7: An Act to amend the Criminal Code (medical assistance in dying)." October 21, 2020. https://www.justice.gc.ca/eng/csj-sjc/pl/charter-charte/c7.html.

[58] Amundson, Quinton. "Bill C-314 defeated, MAiD will be offered for mental illness next year." The Catholic Register. October 19, 2023. https://www.catholicregister.org/archive/item/36016-bill-c-314-defeated-maid-will-be-offered-for-mental-illness-next-year

[59] Government of Canada, Justice Department, News. "Eligibility for medical assistance in dying for persons suffering solely from mental illness extended to March 17, 2024." March 09, 2023. https://www.canada.ca/en/department-justice/news/2023/03/eligibility-for-medical-assistance-in-dying-for-persons-suffering-solely-from-mental-illness-extended-to-march-17-2024.html

[60] Government of Canada, Justice Department, News. "The Government of Canada introduces legislation to delay Medical Assistance in Dying expansion by 3 years." February 1, 2024. https://www.canada.ca/en/health-canada/news/2024/02/the-government-of-canada-introduces-legislation-to-delay-medical-assistance-in-dying-expansion-by-3-years.html

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